


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S59691** (3)  
1. Corporation Name  
**TRAWLER CIARA RENE, INC.**



Principal Place of Business 1216 21ST N JACKSONVILLE BEACH FL 32250 US	Mailing Address 1216 21ST N JACKSONVILLE BEACH FL 32250 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2223 Aspen Ridge Ct</b> Suite, Apt. #, etc. 22 City & State 23 <b>JAX FL</b> Zip 24 <b>32233</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>2223 Aspen Ridge Ct</b> Suite, Apt. #, etc. 27 City & State 28 <b>JAX FL</b> Zip 29 <b>32233</b> Country 30 <b>US</b>
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3. Date Incorporated or Qualified <b>06/14/1991</b>	4. FEI Number <b>59-3058265</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**JONES, GARY & RHEA**  
**1216 N 21ST. ST.**  
**JACKSONVILLE FL 32250**

10. Name and Address of New Registered Agent  
81 Name **Jones, Gary & Rhea**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2223 Aspen Ridge Ct**  
83  
84 City **JAX** FL 85 Zip Code **32233**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Gary E Jones** Pres **1-16-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>JONES, GARY E.</b> <b>1216 21ST ST. NORTH</b> <b>JACKSONVILLE BCH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JONES, GARY E.</b> <b>1216 21ST ST. NORTH</b> <b>JACKSONVILLE BCH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jones Gary E</b> <b>2223 Aspen Ridge Ct</b> <b>JAX FL 32233</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GARY E JONES** **1-16-98** **249-4306**  
SIGNATURE REQUIRED

CR2E034 (10/97)